

NAME City of Lyons
ADDRESS 161 NE Broad Street
Lyons, GA 30436
FACILITY Lyons North Plant
LOCATION Lyons, GA 30436


GA0033391
PERMIT NUMBER

000-1
DISCHARGE NUMBER

DMR MAILING ZIP CODE: **30436**
MINOR
(SUBR MM)
ACTIVE
External Outfall

MONITORING PERIOD
FROM **5/1/2015** TO **5/31/2015**

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved (DO) 00300 1 0 Effluent Gross	SAMPLE MEASUREMENT	***	***	***	5.55	***	***	mg/l		5 Days Every Week	GRAB
	PERMIT REQUIREMENT	***	***	***	2.0 Feb-MAR 5.0 APR-JUN 6.0 JUL-SEP 5.0 OCT-Jan	***	***	mg/l		5 Days Every Week	GRAB
BOD, 5-day, 20 deg. C 00310 1 0 Effluent Gross	SAMPLE MEASUREMENT	6.7	14.3	kg/day	***	6	6	mg/l		2 Days Every Week	Composite
	PERMIT REQUIREMENT	25-Jan 38 Feb-Mar 25-Apr 19-May	32 Jan 48 Feb-Mar 32 Apr 24-May	kg/day	***	10-Jan 15 Feb-Mar 10-Apr 7.5 May	15-Jan 22.5 Feb-Mar 15-Apr 11.3 May	mg/l		2 Days Every Week	Composite
BOD, 5-day, 20 deg. C 00310 G 0 Raw Sewage Influent	SAMPLE MEASUREMENT	484	970	kg/day	***	365	475	mg/l		2 Days Every Week	Composite
	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	kg/day	***	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/l		2 Days Every Week	Composite
Total Suspended Solids 00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	7	13	kg/day	***	6	7	mg/l		2 Days Every Week	Composite
	PERMIT REQUIREMENT	72 MO AVG	90 WKLY AVG	kg/day	***	20 MO AVG	30 WKLY AVG	mg/l		2 Days Every Week	Composite
Total Suspended Solids 00530 G 0 Raw Sewage Influent	SAMPLE MEASUREMENT	2292	5479	kg/day	***	1592	2180	mg/l		2 Days Every Week	Composite
	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	kg/day	***	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/l		2 Days Every Week	Composite
Nitrogen, Ammonia Total (asN) Effluent 00610 1 0	SAMPLE MEASUREMENT	1.29	4.96	kg/day	***	0.77	2.30	mg/l		2 Days Every Week	Composite
	PERMIT REQUIREMENT	17-Jan 22 Feb-Mar 9-Apr 5-May	21-Jan 28 Feb-Mar 11-Apr 6-May	kg/day	***	6.5 Jan 8.7 Feb-Mar 3.5 Apr 2-May	9.8 Jan 13.1 Feb-Mar 5.3 Apr 3-May	mg/l		2 Days Every Week	Composite
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.				 Trey Pearson FOR Larry Douglas			TELEPHONE		DATE	
LARRY DOUGLAS OPERATOR								912-449-0999		6/10/2015	
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				AREA CODE		NUMBER		MM/DD/YYYY		

(Include Facility Name/Location if different)

DISCHARGE MONITORING REPORT (DMR)

OMB No. 2040-0004

NAME City of Lyons
 ADDRESS 161 NE Broad Street
Lyons, GA 30436
 FACILITY Lyons North Plant
 LOCATION 0
Lyons, GA 30436


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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	0.42	0.636	mgd	***	***	***	***		5 Days Every Week	Continuous
	PERMIT REQUIREMENT	0.67 MO AVG	0.838 WKLY AVG	mgd	***	***	***	***		5 Days Every Week	Continuous
Chlorine, total residual 50060 1 0 CWL Effluent Gross	SAMPLE MEASUREMENT	***	***	***	***	***	0.04	mg/l	1	2 Days Every Week	GRAB
	PERMIT REQUIREMENT	***	***	***	***	***	0.022 DAILY MAX	mg/l		2 Days Every Week	GRAB
Coliform, Fecal General 74055 1 0 Effluent Gross	SAMPLE MEASUREMENT	***	***	***	***	15	70	mpn/100 ml		1 Day Every Week	GRAB
	PERMIT REQUIREMENT	***	***	***	***	200 MO GEO	400 WKLY GEO	mpn/100 ml		1 Day Every Week	GRAB
Solids, sludge, tot, dry weight 78477 S 0 See Comments	SAMPLE MEASUREMENT	0.00	***	Dry Ton	***	***	***	***		MONTHLY	CALCTD
	PERMIT REQUIREMENT	Opt. Mon. MO TOTAL	***	Dry Ton	***	***	***	***		MONTHLY	CALCTD
BOD, 5-Day, Percent Removal Removal 81010 K 0	SAMPLE MEASUREMENT	***	***	***	98	***	***	%		MONTHLY	CALCTD
	PERMIT REQUIREMENT	***	***	***	85 MN % RMV	***	***	%		MONTHLY	CALCTD
Solids, Suspended Percent Removal Removal 81011 K 0	SAMPLE MEASUREMENT	***	***	***	100	***	***	%		MONTHLY	CALCTD
	PERMIT REQUIREMENT	***	***	***	85 MN % RMV	***	***	%		MONTHLY	CALCTD
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	***	***	***	6.9	***	7.3	su		5 Days Every Week	GRAB
	PERMIT REQUIREMENT	***	***	***	6 MINIMUM	***	8.5 MAXIMUM	su		5 Days Every Week	GRAB
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.				TELEPHONE		DATE			
LARRY DOUGLAS OPERATOR								912-449-0999		6/10/2015	
						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NOTE: FECAL COLIFORM OF <2 mpn/100 ml is indicated by "1"

FACILITY

Lyons North Plant

PERMIT NUMBER	MONITORING PERIOD		
GA0033391	MM/DD/YYYY	TO	MM/DD/YYYY
	5/1/2015		5/31/2015

	pH	TSS INFLUENT				TSS EFFLUENT				CHLORINE	FECAL C
Avg. Wkly Effluent	Monthly Effluent	Monthly Influent	Avg. Wkly. Influent	Monthly Influent	Avg. Wkly. Influent	Monthly Effluent	Avg. Wkly. Effluent	Monthly Effluent	Avg. Wkly. Effluent	Monthly Effluent	Monthly Effluent
LOADING	CONC	CONC	CONC	LOADING	LOADING	CONC	CONC	LOADING	LOADING	CONC	CONC
	6.94									1.06	
	7.62	275		769.12		5.50		15.38		0.42	
	6.98									0.02	9.8
	6.92	1436		4305.42		3.80		11.39		0.02	
	7.05									0.02	
14.25			855.50		2,537.27		4.65		13.39		
	7.01									0.03	
	7.02	4144		10881.32		6.30		16.54		0.04	
	7.01									0.00	4.10
	6.97	215		77.62		5.50		1.99		0.04	
	6.91									0.02	
7.08			2,179.50		5,479.47		5.90		9.26		
	7.04									0.02	
	7.20	372		838.26		7.90		17.80		0.04	
	7.27									0.04	1.0
	7.15	3170		3674.03		6.20		7.19		0.03	
	7.28									0.04	
11.34			1,771.00		2,256.15		7.05		12.49		
	7.10									0.04	
	7.08	862		340.66		5.00		1.98		0.00	
	7.14	3142		3796.79		6.80		8.22		0.02	69.7
	7.18			0.00				0.00		0.00	
	7.24									0.02	
2.91			2,002.00		1,379.15		5.90		3.40		
	7.02									0.00	
	6.92	372		339.26		2.40		2.19		0.02	
	6.93									0.00	201.4
	7.14	460		683.47		3.90		5.79		0.02	
	6.95									0.00	

LOADING		INF Concentration		INF LOADING		EFF Concentration		EFF LOADING			EFF Conc
WKLY		MO.INF	WKLY	MO.	WKLY	MO.EFF	WKLY	MO.	WKLY	EFF	MO.
BOD	pH	TSS	TSS	TSS	TSS	TSS	TSS	TSS	TSS	Chlorine	Fecal
8.9	***	1592	1702	2292	2913	6	6	7	9.6	0.02	15
14.3	7.28	4144	2180	10881	5479	8	7	18	13	0.04	
2.9	6.91	215	856	0	1379	2	5	0	3.4	0.00	1

135	6					20	30	72	90	0.5	200
	9									max	400
202.5						30	45	108	135		(1 = <2)

FACILITY

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	5/1/2015		5/31/2015

OLIFORM	FECAL COLIFORM		BOD REMOVAL		TSS REMOVAL		AMMONIA EFFLUENT				SLUDGE
Avg. Wkly. Effluent	Monthly Effluent	Avg. Wkly. Effluent	Monthly Effluent	Avg. Wkly. Effluent	Monthly Effluent	Avg. Wkly. Effluent	Monthly Effluent	Avg. Wkly. Effluent	Monthly Effluent	Avg. Wkly. Effluent	
CONC	LOG	LOG	%	%	%	%	CONC	CONC	LOADING	LOADING	Sludge
			98		98		0.014		0.04		
	0.9912										
			97		100		0.151		0.45		
10		0.99		98		99		0.08		0.25	
			99		100		0.183		0.48		
	0.6128										
			98		97		0.214		0.08		
		0.61		99		99		0.20		0.28	
			98		98		4.18		9.42		
	0.0000										
			99		100		0.424		0.49		
		0.00		98		99		2.30		4.96	
			98		99		0.259		0.10		
	1.8432		99		100		0.353		0.43		
									0.00		
		1.84		99		100		0.31		0.18	
			97		99		0.434		0.40		
	2.3041										
			97		99		0.134		0.20		
											0.00
Concentration			BOD Removal		TSS Removal		EFF Concentration		EFF LOADING		
Wkly	Fecal	Fecal	MO.	Wkly	MO.	Wkly	MO.	WKLY	MO.	WKLY	
Fecal	LOG	LOG	BOD	BOD	TSS	TSS	NH3	NH3	NH3	NH3	Sludge
	1.1900	0.8618	98	98	100	99	0.77	0.72	1.29	1.41	0.00
70	2.3041	1.8432	99	99	100	100	4.18	2.30	9.42	4.96	0.00
	0.0000		97	98	99	99	0.13	0.08	0.00	0.18	0.00
			85		85		17.4		62.7		
							26.1		78.3		

